U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20216

- EORM_LM-30

LABOR Once..../ EMPLOYEE REPORT

AND

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Usa Only
E	10 10 PAIN
	ORDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 2994	2. Fiscal Year Covered From:
	01 / 2004 Through: 31 / 12 / 2004
Name and address of person filing.	Name, file number, and address of labor organization.
lame Patrick Jans	Name Brotherhood of Locomitive Engineers
VALUE TO THE PARTY	Labor Organization File Number 65 TRAINMEN
2.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
O. Box, Bldg., Room No., if any	
treet 5095W Wilshim, STE. D	Street SAWLE AS # 3
Dity Bue(erow !	City 6
State 7 2 x 45 3 21P Code + 4 7602	State ZIP Code + 4
Position in labor organization. General Chair	RIMAN
SOUTH CALL	
(except as specified in the specified in	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
except as specified in t . Held an interest in, engaged in transactions (including loans) v nonetary value from an employer whose employees your org	with nor derived income or other economic benefit of
(except as specified in the land interest in, engaged in transactions (including loans) who nonetary value from an employer whose employees your orgonal. Name and address of Employer (including trade name, if any).	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
(except as specified in the later of the lat	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
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(except as specified in the latest terms and the latest terms are specified in the latest terms are specifie	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in to the latest terms of	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
(except as specified in to the limit of the	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in to) Held an interest in, engaged in transactions (including loans) who nonetary value from an employer whose employees your orgonal and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	· particular,			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a, Nature or such a comme.			
Name The State of				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City City Add Add Add Add Add Add Add Add Add Ad	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	ADA Annual			
	12.b. Amount.			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name RATHMANN 5 O BRIEN, LL.C.	72 holes of-Golf 3-DINNERS			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	3-DINNERS			
Street 1031 LAMI STREET				
city 57 Louis				
State MISSOURE ZIP Code + 4 63/04	The state of the s			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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Name of Person Filing Patrick J. Williams	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any:	9. Business deals with: a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Street	c. Employer
City State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mor	nder parts A and B above) ney or other thing of value.
or from any labor relations consultant to an employer any poyent. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Tones And GRANCE Trade Name, if any:	14.a. Nature of payment. 36 Holes of Golf 2-DINNERS
P.O. Box, Bidg., Room No., if any 4340	

14.b. Amount of payment.

or Consultant

Form LM-30 (2003)

13.b. Is the Business an Employer

Don't KNOW